SATURDAY, JUNE 13, 1874.

AMERICAN MEDICAL ASSOCIATION.

WE are indebted to Dr. William B. Atkinson, Permanent Secretary, for copies of the *Detroit Free Press* containing a semi-official report of the American Medical Association, and offer our readers the following epitome.

FIRST DAY.

The Association met June 2, at Hough's Theatre, Detroit, at half-past eleven, Dr. I. M. Toner, President, being in the chair. After the opening prayer by Bishop McCoskry, Dr. William Brodie made a very neat speech of welcome, in which, *inter alia*, he stated that when the Association first honored Detroit with its presence, eighteen years previously, the city numbered only forty thousand inhabitants; but now it boasts of a population of one hundred thousand, of a city hall that cost $600,000, and of a system of sewage so complete and so supplemented by other hygienic appliances and regulations that the mortality of the city in 1873 was only two and a half per cent.

After the completion of this address and the announcement of the programme by Dr. Brodie, Chairman of the Committee of Arrangements, the question of disputed seats raised in regard to several delegates was referred to the Judicial Council, and, on motion of Dr. Brodie, a number of members of the profession from Canada were unanimously invited to take places on the floor. President Toner then delivered his address, which contains much that is of interest, but is scarcely fitted for abstraction. We have failed to perceive any especial central idea in it, unless it be that of the necessity of progress, of the need of a first-class endowed physiological and pathological laboratory somewhere in the country, and of the general interest which the profession ought to feel in fostering original work.

Section One.—Practice of Medicine, Materia Medica, and Physiology. Dr. Bulkley, of New York, read a paper on "The Management of Eczema," in which he treated at considerable length the various forms of local and constitutional cutaneous diseases. Among the remedies applied by him in his practice, with varied failures and successes, were arsenic, glycerin, cod-liver oil, tar-ointment, mutton-suet and lard, carbolic acid, and a solution of tar, water, and caustic potash.

In reply to a question, Dr. Bulkley stated that he had administered a one-grain pill of carbolic acid before breakfast, gradually increased to four or five grains daily. He had not used carbolate of iron.

Dr. Farnsworth, of Iowa, then read a long paper on "Ammonia," most of which is only of interest, first, as showing how much easier it is to speculate and reason than to work out new facts in the laboratory; secondly, as revealing of how little permanent value work of the former kind is when done. Although ammonia is in so frequent use, we have almost no positive knowledge as to its action, and Dr. Farnsworth's paper throws no light on the subject.

The clinical portion of Dr. Farnsworth's paper is of more interest, although containing little of real novelty. We extract the following from it:

"In a case where respiration was suspended during the administration of chloroform, I injected three drops of aqua ammoniæ, diluted with water, into the subcutaneous tissue of the arm. The patient rallied at once, and complete recovery took place. In a case of bronchitis in a debilitated patient, an opiate had been incautiously given; the secretions were suspended, and asphyxia seemed imminent. Five drops of aqua ammoniæ, diluted with a drachm of water, were injected under the skin. The effect was immediate. The circulation was aroused, a large quantity of mucus was discharged from the lungs, and the arterial color of the circulation restored. The patient recovered under the continued administration of carbonate of ammonium and the alcoholic stimulants. In two other cases of bronchial obstruction I have used hypodermic injection of ammonia with marked success.

"I was called, at four o'clock in the morning, to see a man who was laboring under symptoms of opium-poisoning. I found, upon inquiry, that he had taken somewhat over an ounce of tinct. opii at 10 P.M., by mistake for port wine. The extremities were cold, respirations from four to six per minute, pulse full, lips livid; was unable to rouse him to consciousness. Injected into his arm three drops of aqua ammoniæ. It increased the respirations and improved the color of the circulation. A second injection was given, other means of resuscitation were used, and the patient gradually recovered. In a case of shock from railroad injuries, with the pulse hardly perceptible, the stomach would retain nothing. Inhalations of chloroform were alternated with those of ammonia. The patient very soon came under the anæsthetic, and the crushed leg was removed. Reaction occurred very soon, and the patient made a good recovery.

"In the catarrhal bronchitis of children I have used inhalations of ammonia with good results."

After the reading of the paper, a vote of thanks to Dr. Farnsworth, and the reference of his article to the medical periodicals for publication, the section adjourned.

Section Two.—Obstetrics. There does not appear to have been anything of much interest before this section.

Section Three.—Surgery and Anatomy.

Dr. Dunlap read a well-written report of a case of *Enchondroma over the Sternum*, which it hardly seems necessary to reproduce here.

Dr. E. M. Moore then read a paper on the *Epiphyseal Fracture of the Humerus*, of which, and the subsequent debate, the following is an abstract.

Professor R. W. Smith has stated that separation of the humerus at the line of junction of upper epiphysis and shaft is not uncommon in early life. The head of the bone can be distinctly felt in the glenoid cavity; a slight depression is felt beneath it, the head remaining motionless when the shaft is rotated. A striking and abrupt projection is observed beneath the coracoid process, caused by the upper extremity of the shaft being drawn inward by muscular action. The shaft seldom clears the head, and hence the small amount of shortening. This projection is smooth and slightly convex in contrast to the irregular margin of ordinary fracture. The elbow projects but little from the side, and can be readily brought in contact with it. Pressing the upper end outward while holding the elbow to the side and making extension and counter-extension, the deformity disappears, to recur as soon as left to unopposed muscular action.

Diagnostic points are, first, the projection beneath the coracoid, and second, the immediate recurrence of the deformity when the means for reduction cease retaining the shaft in place, there being no fracture of the superior end of the humerus in which retention is so difficult. In general the true nature of the injury is unrecognized, although the symptoms have been clearly stated by Sir A. Cooper and Professors R. W. Smith and Frank H. Hamilton. This arises from no accurate conception of the change of position having been put forth, and no method securing precise retention having been proposed, in so far as he (Dr. Moore) was aware.

The symptoms of this fracture are striking and uniform. The shaft of the humerus is so inclined as to carry the elbow a little backward and outward, while the superior end of the shaft is brought forward so as to make a prominence less rounded than the head, and lower down. It is usually found an inch and a half (at the age of 12 or 14) below the acromion, and near the coracoid process. The curved line from the acromion down to the projection has a long sweep instead of the small sphere of the natural head. This appearance is pathognomonic, and may be safely trusted in diagnosis without insisting upon crepitus. As in other epiphyseal fractures, this is not clear and sharp, as when the fracture is of bone, but is muffled. When the arm is moved gently and without grasping the head, the peculiar lock of the surface is sufficient to cause the head to rotate, and thus the timid practitioner fails in getting his pathognomonic sign; but if the head be firmly grasped it can not only be felt in the glenoid cavity, but held sufficiently firm to get this muffled crepitus by rotating the humerus or by carrying the elbow inward, and thus rubbing the two surfaces on each other. In addition to these striking symptoms, we may add a shortening of half an inch or a little more. When the two shoulders are inspected from behind, the impression given is that of luxation; for there is a slight flattening of the shoulder produced by drawing the fibres of the deltoid a little forward. The breadth of the shoulder is also increased when seen in profile. The motions of the arm are somewhat circumscribed: the ability to carry it upward and forward as well as upward and outward is impossible much beyond a right angle with the body, but affects the rolling of the scapula so that the hand can be placed on the head.

Reduction is effected by carrying the arm forward and upward to the perpendicular line. Retention is effected by moderate extension while bringing the arm down by the side, maintaining this slight extension until dressings for the purpose of continuing it are applied. Swinburne's method fulfils the indications easily and perfectly.

Even if not restored, the arm soon becomes useful, and nature gradually rounds off the prominence of the diaphysis and elongates the capsule at the lower border, allowing the motion upward to improve.

Case 1.—John Duff, aged 14, fell, striking on the right shoulder. Seen two hours after by a well-instructed physician, who considered it a dislocation. Violent traction was made by two men, but when the extension ceased the deformity reappeared, although the supposed dislocation was supposed reduced. Next day sent to Dr. Moore. The bandage was worn four weeks. The restoration is absolutely perfect.

Case 2.—Nellie C., aged 16, fell from a tree, striking the front of the shoulder. Was seen by family physician, who recognized no displacement. Fourteen days later was seen by another of great eminence, with like result. A third thought there was luxation. He (Dr. M.) saw the patient seventeen days after the accident. After reduction, applied Swinburne's dressing, which was worn about two weeks. A year afterwards the result was found quite perfect.

Case 3.—Charles B., aged 6, fell on his shoulder. A physician, having diagnosed luxation, put him under ether, but found motion perfect without crepitus, and supposed the deformity resulted from ecchymosis. Dr. Moore saw him at the end of two weeks, when the deformity was more marked, the swelling having subsided. The boy was the subject of infantile paralysis during his second year. The shrunk muscles allowed of almost absolute demonstration. Adhesions broken up under ether, when the muffled crepitus was plain. Restoration reported perfect three months afterwards.

Case 4.—Michael M., aged 18, fell, injuring his left shoulder. A physician supposed that a dislocation had occurred. Four days later, Dr. Little, of New York, observed the projection under the coracoid, but found scarcely any shortening. Under ether, slight extension removed it. Failed to reduce deformity. Dr. L. took the patient to Dr. Moore. Adhesions broken up under ether, and reduction effected. Three months after injury, the movement of the joint was perfect, except that he could not raise it so high as the other, but was still improving.

Dr. Moore had reduced two cases at the end of two weeks, but did not know whether it would be possible at the end of four. If adhesion had occurred, break it up if possible.

Dr. Hughes could not understand how this fracture was to be distinguished from fracture of the anatomical neck. Fracture at the epiphyseal line will give the symptoms, it is true, but, considering the attachment of the supra-spinatus, infra-spinatus, and teres minor muscles with the action of the biceps, he would expect the symptoms in fracture of the anatomical, and perhaps too of the surgical, neck. He had known a fracture of the surgical neck occurring four months before to be mistaken for dislocation. He doubted if reduction and retention could be effected with the ease asserted.

Dr. Keller explained that fracture at the epiphyseal line does not occur except during childhood and adolescence. He believed the method of reducing it to be original with Dr. Moore.

Dr. Robert Reyburn, of Washington, doubted the separation of the epiphysis so late as the age of nineteen, as mentioned by Dr. Moore as having occurred in a case of Dr. Hamilton's. The treatment of injuries at this part is difficult. Fractures of the anatomical neck should be capable of like treatment. He supposed fracture of the anatomical neck is what had really occurred, instead of at the epiphyseal line as supposed.

Dr. Moore explained that epiphyseal fracture could only occur before ossification has occurred, the age for which differs. From Sir A. Cooper's and R. W. Smith's report, he had supposed sixteen to be the limit of age, but Hamilton's case gives the symptoms at nineteen. Ossification may not be complete until the twenty-fifth year. During adolescence the epiphyseal line is the weakest place, and hence fracture is more likely to occur there. During this age suspect epiphyseal fracture. This fracture is not like any other, because it has a specific and definite line, while other fractures have an indefinite line through the anatomical or the surgical neck, or through the tubercles.

Dr. Hughes asked why this fracture is so liable to be mistaken for fracture of either neck.

Dr. Moore replied that when the bones are brought into place they are held there by the action and pressure of the muscles. The head rolls around, but does *not* produce the pathognomonic crepitus,—at best getting only a muffled crepitus. Again, we have mobility, not found in dislocations. The error in diagnosis occurs because the profession do not know what to make of it. The error should not be made, because of the prominent projection, and because the forces acting upon the fragments are uniform. We do not have this projection in fracture of either anatomical or surgical neck.

Dr. Atlee, of Philadelphia, asked the opinion of the chairman, Dr. Gross, who stated in reply his entire concurrence in all Dr. Moore had said.

Dr. Gregory, of St. Louis, asked whether necrosis of the articulation had occurred in a case mentioned which had been examined six months after, to which Dr. Moore replied in the negative.

SAYRE ON FRACTURES.

Dr. Lewis A. Sayre, of New York City, had been appointed to make a report on fractures, two years ago,

but was prevented by illness. He presented statistics taken from Bellevue Hospital, prepared by House-Surgeon Van Wagner. He had lately learned of actual cases really treated by what he had supposed to be the obsolete method of waiting nine days for the swelling of the soft parts to subside. Again, most authorities on fracture stated that in fractures of the long bones, particularly if oblique, we were to expect deformity. Some say it is quite impossible without it. He thought this wrong, and the sooner corrected the better. Statistics proving shortening should only be saved to be disentombed to assist in defeating suits for malpractice. The long bones keep the body in place. Fracture occurring, the muscles contract and produce distortion of the vessels and nerves, the ends of the fragments causing irritation and inflammation. All that is necessary in any fracture is extension and counter-extension in the right direction, so as to have accurate adjustment.

Again, a fracture should be reduced as soon as you reach it. In all long bones it can be done with ease by extension and counter-extension. There was no vacuum in the thigh, for example, and if the femur was removed it would leave the mould of its form there if sufficient extension and counter-extension were made with perfect accuracy of adjustment. He illustrated by a very simple apparatus of wood and india-rubber cords the operation of the muscles upon the fractured bones. This idea he had got from Dr. Swinburne, of Albany.

If extension greater than normal be made, it would cause reflex contraction and irritation; but if only enough for adjustment, all was quiescent. After adjusting it we may have just enough fixation for accurate retention. Again, we must not wait for the subsidence of the swelling of the soft parts. Gutta-percha, as a means of retention, should be done away with, because of the foul odor produced, but we might use starch bandage, plaster of Paris, or leather. In compound and complicated fractures the principle is the same,—even in the extreme case of severe mangling from railroad injury. With perfect adjustment we have no pain. We can also send them into the open air. If the treatment be fairly applied, we have no shortening. In point of fact, it should be longer by the thickness of the matter between the ends of the fragments. Of one hundred and fifteen cases treated in Bellevue, some are longer, some without shortening. Many have the sixteenth or the eighth of an inch shortening. Excluding three cases, one of which had two inches, the second one and three-quarters, the third one and a half, these cases suffering respectively from abscess, delirium tremens, and pneumonia, and, being kept horizontal, had permitted shrinkage and hence shortening—excluding these, a very highly favorable average had been obtained.

Dr. Hodgen, of Missouri, objected that if a thigh be placed in the plaster of Paris splint in the straight posture, the muscles on the back of the thigh will be tense and those in front lax. We cannot bring *all* the muscles to a state of normal extension at the same time, and hence a position in which there should be no reflex irritation would be marvellous. In general, spasmodic contraction would occur. Dr. Sayre has said it does not matter what means are taken, so we succeed. But what means are we to use? Again, he says, do not make it too long! Now, the calcareous matter at the end of the fragments would soften and tend to produce shortening. If a fracture be oblique, something more than plaster of Paris is needed; otherwise, not.

Dr. Sayre stated that he had said that extension and counter-extension should be made in the proper direction, and then on no side would any muscle be stretched. All he had claimed was that it was better to start out with the idea that we could secure perfect results rather than that we must necessarily have shortening. In fracture of the femur we are to have the thigh-piece capable of being lengthened or shortened if treated upon the inclined plane. This was first accidentally ascertained by Dr. Nelson, of Lower Canada, where a lumberman had both thighs broken, and by chance had got upon a ledge of rock whose width was precisely the length of the thigh,—such being the relief of pain that the man had fallen asleep. Taking the hint, he made an inclined plane to suit the thigh, and had a perfect result at the end of two months. Dr. Nelson was then sued for the alleged malpractice of keeping his patient unnecessarily confined, and had to flee his country.

Dr. Gregory, of St. Louis, expressed his astonishment. He thought Dr. Sayre's results barely possible, and wanted further evidence. He treated his cases by extension and counter-extension, with all the perfection of adjustment possible with mechanical appliances. If he had seen fractures occur without shortening, he had forgotten it. He had seen young persons get well without shortening of the limb as a whole. We all know that we cannot get union of bones or soft parts without previous softening. There is necessarily some loss of material where there is inflammatory action. Inflammation always consumes some of the soft parts. A young person's getting no shortening might be accounted for by irritation; but he did not think an adult could get union without shortening. Again, precise adjustment was practically impossible: the reverse was all talk and might do to tell *students*. The new material used in repair *will contract*, even if the injury be the simplest cut in the finger. If fractured limbs are as long, it is to be accounted for by growth somewhere else. Plaster of Paris has the advantage of allowing patients to go about, but he thought the best results as regards proper length would be obtained by the use of extension and counter-extension. He thought plaster of Paris just as suitable in treating injury of the soft parts as of bones.

At this point in the discussion Dr. Brodie entered the room, and announced that the Mayor was in his room, waiting to receive the delegates.

On motion, the further discussion of this subject was made the special order for Wednesday.

The section then adjourned until Wednesday at 2.30 P.M.

Section Four, Medical Jurisprudence, met only to adjourn.

Section Five, Public Hygiene, was engaged in a long discussion upon the propriety of petitioning Congress to establish a national health bureau, and finally decided in the affirmative, and also adopted the following resolution:

"*Resolved*, That, with a view to the establishment of a national sanitary bureau, it is expedient, at the present time, to press, through State medical societies and physicians everywhere, upon the legislatures of the several States, the importance of establishing State boards of health."

SECOND DAY.

The meeting was called at the Opera-House at 9.30 A.M. After the announcement of the Committee on Nomination, and the election of permanent members, several resolutions of no general interest were acted upon.

Dr. N. S. Davis then read the report of the Judicial Council. The report was adopted on the motion of Dr. Vandeman, of Tennessee. It stated that letters had been addressed to thirty or forty persons in different parts of the country, and of these only five expressed a decided dissatisfaction with the present code, whilst fourteen were positively opposed to the slightest alteration; an evidence that the great majority of the profession are satisfied with the code as it is.

After a careful examination of the code, the Council is of the opinion that it expresses the ethical relations and duties of the profession as completely and concisely as possible.

In regard to specialties, the Council report is *verbatim* as follows:

"Then the code of ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked, How, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by special or qualifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying, 'Practice limited to diseases of the eye and ear,' or 'to diseases peculiar to women,' or 'to midwifery exclusively,' as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession. We see no reason, therefore, for recommending any change in the present code of ethics in reference to this subject."

In regard to doctors bidding against one another for public services, the report says:

"The present code of ethics, while sanctioning a most liberal bestowal of gratuitous professional service to the poor, whether as individuals or in public charitable institutions, and in aid of the sanitary interests of the communities, yet expressly prohibits the bestowal of such services on well-to-do individuals, endowed, mutual benefit, or any kind of money-making institutions, societies, or corporations. It also expressly prohibits all attempts to attract attention and make merchandise of charity by ostentatiously parading before the public notices proffering services and medicine to the 'poor gratis.' We see no reason why this is not sufficient so far as relates to the regulation of gratuitous services. To govern the matter of compensation the code simply gives us the following general declaration: 'Some general rules should be adopted by the *faculty*, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.' The aim appears to have been to allow sufficient variations in the rate of compensation to accommodate the varying habits and circumstances of different communities, and yet to bind each individual to an honorable compliance with the general rules established by his professional brethren. Such being the correct ethical principle, the difficulty consists in tracing and maintaining clearly its practical application. That the principle laid down in the paragraph just quoted is inconsistent with all contracts or agreements to attend individuals, families, companies, corporations, or any associations or institutions other than those of a strictly charitable character, for a specified sum per month or year, without regard to the amount of medical services that might be required in the time specified, no one can reasonably doubt. It seems to us equally inconsistent with the ethical rule to enter into a contract with a manufacturing company to attend their employés, or with a school to attend its patrons or scholars, for a fixed sum per annum, to be derived from the levy of a certain percentage on the wages of the employés or on the tuition-fees of the students; for, however plausible may be the humanitarian idea of securing for the employé and the student adequate medical attendance when sick at the smallest average cost, the practical working of the system violates both the rule that compensation for medical services should be in accordance with the kind and amount of services rendered, and that every individual and family should be free to choose their own medical attendant without dictation or indirect restraint.

"These observations do not apply to a certain kind of contract-service sometimes required in connection with the medical staffs of the army and navy, nor to the hospital-tax on sailors in the marine hospital system, for reasons too obvious to require mention. One other subject requires a few moments' attention. There is a class of public charitable institutions, such as county almshouses, orphan asylums, etc., supported by public taxation. In many of the States the public authorities having control of such institutions have annually asked for bids from the profession, offering to award the contract for professional services to the one who should bid for the lowest pecuniary considerations.

"While as charitable institutions any member of the profession might offer his services to such of the poor inmates as might ask for them gratuitously, yet the idea of asking members of the profession to bid against each other for the pay for public professional services is repugnant to every feeling of professional honor, and often productive of great injustice to the sick poor.

"The public authorities in all such cases should fix such just rate of compensation for the necessary medical services as they may deem best, and then appoint the best medical man who is willing to accept the compensation proposed. And we have no doubt but that a proper attention to this subject on the part of the profession would secure the necessary change."

The amendments of the plan of organization next came up. After considerable discussion, the following amendment was adopted:

Strike out the second paragraph of Article II., and insert the following:

"The delegates shall receive their appointment from permanently organized State medical societies, and such County and District medical societies as are recognized by representation in their respective State societies, and from the medical department of the army and navy of the United States."

Also, strike out the fourth paragraph of same article, and insert:

"Each State, County, and District medical society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number. Provided, however, that the number of delegates from any particular State, Territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the code of ethics of this Association.

"The medical staffs of the army and navy shall be entitled to four delegates each."

All other amendments were laid upon the table.

The report of the Committee on the Memorial to Congress in regard to the army and navy staff rank

was then read by the chairman, Dr. Keller, and the following resolutions, after discussion, adopted:

"*Resolved*, That a committee of one from each State and Territory be appointed, with power to fill vacancies, for the purpose of memorializing Congress on this subject, and of securing the co-operation of the several State and County medical societies for the same purpose.

"*Resolved*, That Dr. J. M. Toner, of the District of Columbia, be chairman of said committee, and that the other members of the committee be appointed by the President."

Dr. N. S. Davis then delivered the annual address upon Practical Medicine. This, although containing food for thought, is long, and has not enough of novelty to warrant its reproduction. We extract, however, one paragraph, with the hope that the contributors to the *Philadelphia Medical Times* will never lose sight of the facts it embodies:

"My object is simply to attract your attention to what has appeared to me the strongest barrier in the way of genuine progress both in the science and art of medicine, namely, incomplete observation of facts, deductions from inadequate premises, and the constant use of mere theoretical assumptions or suppositions as though they were demonstrated facts. It is the indulgence of these practices that actually keeps one-half of the professional observers busy in correcting the errors and disproving the assumptions of the other half, and fills our literature with endless contradictions."

Dr. Gross's address on Surgery was confined chiefly to a consideration of the subject of prostitution, and has not been yet reported.

Section One, Practice of Medicine, Materia Medica, and Physiology.—About a dozen members present. A report from the Committee on the Cultivation of the Cinchona Tree was read, and the committee continued, in accordance with their own request.

A very long and elaborate article on The Mechanism of the Encephalic Circulation, by Dr. Reuben A. Vance, of New York, was read.

Section Two, Obstetrics.—A paper upon the Inverted Uterus, by Dr. Bontecue, of Troy, New York, was read and referred to the Publication Committee.

Section Three, Surgery.—The discussion of Dr. Sayre's paper on Fractures was resumed.

Dr. Gregory declined speaking until later. The discussion was opened by Dr. A. Garcelon, Secretary of the Section, who spoke of the great practical value of the question to the profession, and said that while he thoroughly agreed with Dr. Sayre in striving to secure a perfect limb in cases of fracture, and also in aiming at a perfectly accurate adjustment, his own experience showed him the difficulty of succeeding in the latter attempt, and he believed that *no distinct and definite rule* of treatment could be laid down which would show such a series of results as were given in the statistics submitted by Dr. Sayre, for they show a most wonderful absence of shortening. The speaker wished to know how one could learn to measure a limb with absolute accuracy. He said he had been present at many malpractice trials, and had found the opinions of the best surgeons differing materially. When he was a student he was taught to measure through the median line, commencing at the sternum and thence downward over the navel.' If one applies the measure to the trochanter, how can one be certain of a satisfactory result? In oblique fractures, how are surgeons to extend and arrange the broken fragments so as with certainty to replace them precisely in their original positions? and if they succeed in that, how shall they keep them there?

In the femur and other long bones, how can the results indicated in the report be obtained? If the position taken by Dr. Sayre is accurate, then the medical profession have much to learn, and the public much to complain of.

Dr. M. Waterhouse, of Wisconsin, asked Dr. Garcelon how he would ascertain with perfect accuracy whether a fracture was oblique or transverse.

Dr. Garcelon said he did not know in cases of doubt; but that when he used the word oblique in this connection he meant that the ends of the bones should slip past and overlap each other. He stated the case of a girl who was of such constitution that he feared to apply the usual dressings to her fractured femur, and whom he had placed upon a flat bed, using the pulley only, and had obtained a successful result.

Dr. Sayre asked how he had kept her from slipping down in the bed.

Dr. Garcelon answered that he had taken no means at all, and had used no counter-extension.

Dr. Sayre said he had seen this done in cases where, by raising the foot of the bed, the body acted as a counter-extension, but he had never seen it on a level bed.

Dr. Chapin, of Grass Lake, said he had known similar cases to be successfully treated on a level bed.

At this stage of the proceedings, Dr. Plummer, of Illinois, read a letter from Dr. Truesdel, of the same State, transmitting a diagram of a fracture-bed, which is merely a triple inclined plane, in which both limbs are equally inclined, and extension is produced by the use of cog-wheels and a ratchet. He stated that for four years he had used these beds with the most gratifying results; that the members of the profession in his section of the country used them and liked them, and that they were not patented articles.

The original question was resumed by the chairman, who said he used in preparing his bandages a solution of silicate of potash and silicate of soda, to which he gave a preference over plaster of Paris, and a decided preference over starch, to which he was strongly opposed. He said it dried very rapidly. On the main question as to whether there was necessarily shortening in oblique fractures of the femur, he was in favor of the view that a certain amount of shortening was necessary.

Dr. Reed, of Ohio, thought that in every case there must be shortening, and he took the ground that in cases of apparent absence of this defect nothing could be known to a certainty. He never yet had seen a skeleton in which the corresponding bones had been perfectly equal in length, nor one in which the difference had been less than one-sixteenth of an inch. Even the text-books are not correct on this point, and in Horner's Anatomy the statement in the text says the corresponding bones on opposite sides of the body are equal, while a foot-note contradicts it.

Dr. Whiting, of Wisconsin, had been surprised at the position taken by Dr. Sayre; and the idea that the theory of the necessary shortening of the long bones in cases of oblique fracture was exploded, alarmed him. With the records of the profession for the past fifty years before them, practitioners had no right to expect such results as those reported from Bellevue Hospital; and if he was compelled to accept the theory, he would, in self-defence, be compelled to retire from the profession.

Dr. Quimby, of Jersey City, did not believe that any surgeon thought himself able to restore ten fractured femurs in a hundred to their original length; that an absolutely accurate measurement was practically impossible, and it is scarcely ever that one finds an exact restoration. The proposition of a perfect cure seemed to him too absurd to require remark. He had seldom seen a case of less than one-half inch shortening.

The speaker adverted to the danger of suits for malpractice, and cited a case in which he knew that a brother-practitioner had narrowly escaped a suit when the difference between the length of the limbs was only one and one-half inches. He said the limb might have been the shorter of the two before the accident, and cited the instance of his own child, in whom, without any perceptible limp, there was a natural difference of one-half inch in the length of the limbs.

Dr. Hughes, of Iowa, thought there were but few present who would agree with Dr. Sayre. He did not question the veracity of the statistics, but if they were true he considered them simply wonderful. He would be glad to hear what Dr. Sayre could advance in support of his position.

Dr. Waterhouse, of Wisconsin, said that if these statements are true, and these figures accurate, we should face the situation, and let the danger of suits come.

There is a reason for this unheard-of success at Bellevue in the appliances at hand, and the constant attendance and care available which country practitioners can never enjoy; and suits for malpractice are generally brought in the country. Backwoods doctors scarcely ever have proper appliances, and cannot possibly give cases constant personal care. The speaker said that he had himself treated many cases in which, with better appliances, he could have produced better results than he had succeeded in doing. He spoke of the question of patients sliding down in bed, and stated that that was a thing which regulated itself, and that in a short time the hips of a patient would produce a depression in the bed which would prevent slipping.

Dr. Pierce, of Illinois, thought the facts should be known, and if surgery has made such advances it should be declared.

Literature in this profession is authority in courts of law, and the later the volume the more weighty its authority. This convention is making literature which will be evidence in the courts of justice, and it is important that that fact should be known. He was startled when he heard that the day of shortening had passed, for he had always had it in his practice. He was prepared to admit the absolute accuracy of the statistics from Bellevue Hospital, presented by Dr. Sayre, but he thought *the measurements were taken too soon*. They were taken when the patient was pronounced cured, while suits for malpractice are scarcely ever brought until after the lapse of months, and in his opinion *shortening goes on after discharge* and when the limb is in use. In one case of his own he was called in to treat the young son of an intelligent mechanic for an oblique fracture of the femur. He explained the whole matter with reference to the possible deformity to the father, who united with him in his efforts to prevent it. Frequent measurements were taken, and when the child was pronounced well there was not the least shortening to be discovered. Some time afterwards the boy was accidentally shot and killed. He was called in to make a post-mortem examination, and found that the bone was one and one-half inches shorter than it should have been, and that the ends had slipped and perceptibly overlapped. He took the bone, and now has it in his possession. He did not believe any patient could be induced to wear apparatus long enough absolutely to prevent contraction, and he thought the loss of only half an inch should be considered a good result.

In continuing his remarks, Dr. Pierce described and advocated the use of the "book" or "Bavarian splint," which is particularly adapted to fractures of the tibia, or of both the tibia and fibula, in which cases it is convenient and easily applied.

This splint can be made by any one who has two pieces of flannel, a needle and thread, and some plaster of Paris, or the silicates already mentioned by Dr. Gross. The method of construction and application may be illustrated as follows. Place two pieces of flannel (long enough to reach the desired distance, and wide enough to envelop each other) upon each other, and stitch them together longitudinally through the centre, and they will then form four leaves. With two of these envelop the limb, and fasten them together on top, the seam being underneath: this is to keep the plaster case from touching the skin. Upon the other two leaves spread the plaster, and bring them together on top, moulding them to the limb, and when the plaster becomes hard there is a plaster box the exact shape and size of the limb, which can be opened at will, the seam at the back serving as a hinge. With this splint the limb can be looked at every day, and in case of swelling or shrinkage of parts a new one can be adapted to the changed condition. The use of this splint has been recommended in fractures of the femur, but Dr. Pierce had been afraid to try it, although for injuries below the knee he thought it unrivalled. It was recommended for use in compound fractures, a hole being left to allow the escape of discharges, but in such cases he, in his practice, used the fracture-box.

Dr. Sayre, of New York, said he was glad to have been the means of stirring up a discussion on this subject, but he saw he had been *grossly* misunderstood.

A voice.—"No reference to the chair, is there, doctor?" [Laughter.]

Dr. Sayre.—"The chair never misunderstands." [Applause.]

After this little episode the doctor said that he *knew* the statistics presented by himself to be correct; that Dr. Hamilton had made the measurements, and that he was a man who was so violently opposed to the theory that in his published writings he had denied the possibility of any oblique fracture being cured without shortening. For this reason he (Dr. Sayre) had asked him to measure the patients. He said that if seven successive cases should be presented he would agree to give up his opposition to the theory. He found the cases, and surrendered.

Dr. Sayre now turned and said, "Did Dr. Gregory say yesterday that it was impossible?"

Dr. Gregory answered, "Yes."

Dr. Sayre then said he was glad to have found an authority at last; that the reasons he had concluded to make a report were, as he stated on Tuesday, because he had heard of practitioners who clung to obsolete theories, and now he was glad to find that there had been a necessity for his doing so. He then read an article from the *Medical Journal*, signed by Dr. Hamilton, sustaining his position. He said the credit of the results at Bellevue is not due to the attending surgeons, but to the young men of the institution, who make the preliminary arrangements and have the care of the patients.

In reference to the Bavarian splint, he was opposed to opening or removing it to look at the limb. When a fracture is well adjusted, leave it alone.

The statements that accuracy of measurement was impossible, which had been made by some of the speakers, had astounded the doctor more than a little, and he called their attention to the accuracy of measurement by which the stones in the very building in which they sat had been measured and cut by one set of men and perfectly matched by another set.

Dr. Sayre then took up the mode of treatment he had advocated on Tuesday, produced his machine of wood and rubber, and briefly repeated his theory in regard to extension and counter-extension. He claimed that there is never irritation of the muscle when there is only normal traction. If there is only enough exten-

sion to produce a normal condition, then there is retention,—*fixation*. Too much extension is abnormal, produces irritation, and is often the cause of non-union.

Extension and counter-extension should be applied the instant of seeing the patient, and then—fixation. There are no circumstances when something cannot be found to effect this. Machinery is the curse of the profession, and there is scarcely a country doctor who has not in his office a lot of worthless and expensive machines called "surgical appliances."

In setting a limb, the assistant who holds it in position while the surgeon is applying the bandages is in the most responsible position. If there is a single continuous piece of skin (no matter how crooked or narrow) for a guide, then the limb can be put in position, be held by an assistant, and properly attended to.

The speaker said that in thigh-fractures he used the triple inclined plane. He disclaimed any desire to "lay down the law," and concluded by claiming that a discussion of this kind would not have the authority of a carefully-written book.

Dr. Pierce stated that in opening the Bavarian splint to look at the limb he removed only one leaf at a time, and that he had the limb held in position by an assistant; that he considered it important to look at the limb, verify adjustment, and see its general condition. He adhered to his statement as to the impossibility of making accurate measurements, and stated that he did not believe there were any seven men in the room who would agree on a measurement of the distance between the two entrance-doors.

Dr. Garcelon asked Dr. Sayre how he would treat a fracture of the thigh in a boy five years old; how he would find out if the length was right, and how he would secure health during treatment.

He said he also wished an opinion in another case. A young man, of 16 or 18 years, fell on the sidewalk and broke his arm; a competent surgeon set it, and said it was perfectly adjusted; a starch bandage was applied, and no pain was felt after the first day. On the tenth day the speaker was called in, found gangrene had set in, the soft parts sloughed away from the wrist to the elbow, the bones slipped, and amputation became necessary.

Now, what was the cause?

Dr. Sayre answered that with children treatment was difficult, but showed with slips of paper his method of disposing the little patient upon an apparatus formed with two boards so that the leg actually sets itself. Treatment with plaster is difficult, because children are so fat that shrinkage of the limb is certain, and it will rattle about in its plaster case like a pea in a box.

Dr. Garcelon.—"How do you keep the child from twisting about?"

Dr. Sayre.—"He finds out what hurts him, and it is an astonishing fact that children like to be comfortable."

Dr. Garcelon.—"What do you do in the case of an ununited fracture?"

Dr. Sayre.—"Rub the ends of the bones together, twist them around, and break things generally."

Dr. Sayre here, with the assistance of a gentleman whom he used as a subject, illustrated his mode of setting, extending, and "fixing" a fractured thigh, with the aid of a simple apparatus contrived by Dr. Figaro, a young physician at Bellevue.

Dr. Gregory, of Missouri, said, "I think I answered Dr. Sayre when I said yes. I say I think there is no such thing as a firm cicatrix without contraction." The doctor affirmed that there would be no such thing as healing without new matter; that there must be softening, and there must be loss of material from the incident inflammatory action.

He said he was astonished at hearing Dr. Sayre's remark about fearing displacement in case of removing the Bavarian splint, and asked if he thought he could put plaster on any limb so tight as to prevent muscular action and contraction. There is no such thing as quiescence in the muscles; there is always tonic action tending to contraction. As long as the muscles live they will act, and will force the fractured bones to slip slowly past each other. He insisted that extension and counter-extension would not prevent this, in addition to the cicatricial contractions. He concluded by saying, "I again assert that the man who believes he has done it is simply mistaken. I think Dr. Sayre himself believes what he has said."

Dr. Lockford, of Missouri, wished to correct Dr. Sayre in a matter of fact. The system of treating fractures by flexion was inaugurated about the middle of the last century, and was once very popular. He then discussed the theoretical and practical difficulties of the question, and concluded by saying that he believed with Dr. Sayre that perfect cures can be effected, and that the profession should strive for perfection.

Dr. King, of Philadelphia, at the request of Dr. Sayre took the floor, and stated that he fractured his thigh over a year ago, and that now there was no apparent and only a very slight actual shortening of the limb.

The discussion was continued some time longer, after which Dr. King moved that Dr. Sayre's paper be referred to the Committee on Publication.

Dr. Quimby, of Jersey City, moved to substitute for Dr. King's motion the following preamble and resolution:

"*Whereas*, There seems to be some uncertainty in the minds of the profession in reference to their treatment of fractures of the long bones, therefore,

"*Resolved*, That it is the opinion of this section that it is nearly impossible to treat fractures without shortening."

The substitute was lost, and the paper referred to the Committee on Publication.

The Section of *Public Hygiene* had various papers before them, mostly not of sufficient interest to render necessary their reproduction here.

THIRD DAY.

The Association met punctually at 9.30 A.M.

After some business not of general interest, the report of the Committee upon the President's Address was received. *Inter alia* it urged the perfecting of the State and County organizations everywhere, an extension of the time of sitting of the Association from three days to four, and offered the following resolutions:

"*Resolved*, That in view of the lack of time in which to properly transact the business of the Association, an extension of one day is deemed advisable:

"*Resolved*, That the President appoint a committee of five, of which he shall be chairman, to elaborate a plan for the organization of an International Medical Congress, and report at the next meeting."

Suitable resolutions in regard to the death of the late Dr. Henry Miller were read and adopted.

Drs. S. D. Gross, of Philadelphia, J. M. Keller, of Louisville, and E. S. Gaillard, of Kentucky, were appointed a committee to prepare a memorial.

An appeal from the Boyle County Medical Society, of Kentucky, was read by Dr. Keller, and the following preamble and resolutions, after discussion, were adopted:

"*Whereas*, A most laudable effort has recently originated in the Boyle County Medical Society, of the State of Kentucky, and in the Kentucky State Medical Society, to create a fund for the erecting of a statue or some other suitable memorial in honor of Dr. Ephraim McDowell, 'the father of ovariotomy,' English writers to the contrary notwithstanding, who lived in the town of Danville, in the State of Kentucky, and who per-

formed in that town the first ovariotomy, in the year 1809;

"*Resolved*, That the American Medical Association most earnestly endorse the action of said County and State Societies, and as urgently commend the object to the generous consideration of the medical profession of the world."

After various discussions in regard to matters of more or less interest, Dr. A. Nelson Bell, of Brooklyn, New York, read an excellent address upon The Waste of Life, having an especial reference to New York and Brooklyn. In regard to that most diabolical of all the fruits of modern society, the New York tenement-house, Dr. Bell said,—

"The raid of the sanitary police in New York last year, in view of the expected cholera, discovered thousands of people actually living in holes in the ground, a dozen or more in a huddle, in holes nine or ten feet square, swarming with vermin, and rotten with disease —no less than twenty thousand of these *troglodytes* living like moles and bats in the dark, poisoning the atmosphere around and sucking the life-blood of the people. In the tenement-houses of New York there are many single rooms occupied by from ten to fifteen persons of both sexes, and frequently by several families. There are structures from four to six stories high, divided into hundreds of rooms, crowded with men, women, and children, smothering for the want of fresh air, and in dirt and foul odors horrible to contemplate. And there are, not uncommonly, near to such buildings as these, adding to the stifling condition, yards which, with the gutters, are the common filth receptacles for the out-throwings and are the wallowing-places of the children; the streets, as filthy as the gutters, for the young girls, and rum-holes at every corner for the parents. And these tenement-houses are the homes of more than half of the children of New York. In them is carried on the perennial 'slaughter of the innocents' of more than two years old and under, in comparison with which the crime of Herod sinks into insignificance.

"Such surroundings obtund and destroy human sensibilities. The occupants of such dwelling-places become an easy prey to the sensual excitements of alcohol and other debasing agencies and influences. As people become accustomed to dirt, they cease to recognize its presence and to exert themselves to avoid it; there is no limit to the downward tendency. The same broad road to disease and death is the highway to moral degradation; and that such an institution should breed disease and death, that it should be the hecatomb of children, that it should sustain liquor-stalls by the thousand, and supply the ghastly gayety which flaunts beneath the gaslight and makes night hideous, that it should send the boys who escape the slaughter to State Prison—that the tenement-house should do all these things, and more than words can utter, is perfectly consistent with its appointments. And yet, to repeat, more than half of the children of New York are born in tenement-houses; but New York is called a Christian city."

We make the following extract also from this address:

"The total number of deaths in Brooklyn last year was 10,968, and not less than one-fourth of them were accelerated by defective drainage. And yet Brooklyn is no exception in this regard. On the contrary, the death-rate of Brooklyn compares favorably with other of our large cities, which is abundantly shown by the following examples: The total annual death-rate of Brooklyn from consumption last year was 3.47 per 1000 of population (census of 1870), and on the whole number of deaths the percentage for consumption was 12.55. In the city of New York, on an estimated population at the present of 1,000,000, there are of deaths from consumption 4.13 per 1000, and 14.22 per cent. of the total mortality. Boston, 3.96 per 1000 of population, 13.84 per cent. of total mortality; Philadelphia, 3.05 per 1000 of population, 13.65 per cent. of total mortality; San Francisco, 2.74 per 1000 of population, 14.12 per cent. of total mortality; Albany, 3.43 per 1000 of population, 15.50 per cent. of total mortality; New Orleans (where the benefits of a mild climate opposed to consumption are condoned by defective drainage), 3.96 per 1000 of population, 13.84 per cent. of total mortality. By States: of the total mortality in the United States, 12.45 per cent. was caused by consumption; in New York, 16.17 per cent.; District of Columbia, 21.19 per cent. A concise table of the ratio of the deaths from consumption in every State in the Union may be found in the 'Dictionary of Elevations and Climatic Register,' by Dr. J. M. Toner. Under approximate temperature, the ratio of mortality from consumption in regard to defective drainage will be found scarcely less deviating than miasmatic fevers."

After a vote of thanks had been tendered to Dr. Bell for his address, the Committee on Prize Essays reported that none, in their estimation, worthy of the prize had been offered. The report was accepted.

A communication from the Philadelphia County Medical Society was then read, inviting the American Medical Association to hold its annual meeting during the Centennial year (1876) at Philadelphia. The subject was referred to the next meeting of the Association.

The following gentlemen were then announced as having been appointed delegates to foreign bodies: R. J. Lewis, D. G. Brinton, T. M. Drysdale, Philadelphia; E. C. Howard, E. Seguin, New York; L. C. Law, California; J. D. Jackson, Kentucky; A. J. Erwin, Mansfield, Ohio; George W. Burton, Mitchell, Indiana.

A report from Dr. Seguin concerning his visit abroad as representative of the American Medical Association was next read. It related especially to an effort for harmonizing our means of observation and of record, and stated that the British Medical Association had ordered the printing of Dr. Seguin's address upon the subject before them, and that the French Association for the Advancement of Science had voted the nomination of a commission to arrange the preliminaries of an international agreement upon the subject. It concludes as follows:

"These considerations could be much enlarged. To save time, I cut them short, and conclude by asking the American Medical Association to form an international commission of physicians of high standing, speaking the European languages, and designing to go to Europe this summer.

"To charge them to represent the American Medical Association before the British Medical Association, the German and French Associations for the Advancement of Science, and other kindred societies; to promote interchange of ideas, and particularly to co-operate with them in any plan, scheme, or organization which would have for direct object the uniform establishment and propagation of the methods and instruments of positive observation. And, finally, to invite them to report on the progress of this work at the next meeting of this Association."

A proposal to amend plan of organization was submitted by Dr. Adams Jewett, of Ohio:

"First sentence of paragraph eight of Article II., p. 403 of Transactions for 1873, reads as follows:

"'The *permanent members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote, and shall continue such so long as they remain in good standing in the body from which they were sent as delegates, and comply with the requirements of the by-laws of this Association.'

"I propose that this sentence be amended so as to read as follows:

"'The permanent members shall consist of all those who have served in the capacity of delegates, and of such other members as shall have received the appointment by unanimous vote, and of all others who being members in good standing of any State or local medical society entitled to representation in this body shall, after being vouched for by at least three members, be elected to membership by a vote of three-fourths of the delegates in attendance, and shall continue such so long as they remain in good standing in the body of which they were members when elected to membership in this Association, and comply with the requirements of its by-laws.'"

This was laid over for one year.

The report of the Librarian was read and accepted, and resolutions were passed empowering the Committee of Publication to arrange exchanges with journals, naval and military bureaus, etc. The success of the library movement is most encouraging, as the number of titles upon the shelves already reaches four hundred and thirty-one, an exhibit rendered still more flattering by the fact that many of these are odd or incomplete volumes.

At the request of Dr. Woodward, U.S.A., the Committee on the Nomenclature of Diseases was continued.

In accordance with a resolution offered by Dr. William B. Atkinson, it was agreed that a suitable medal be prepared, having on one side the likeness of Dr. N. S. Davis, and on the other the name and date of the organization of the Association, and that hereafter one such medal be presented to each delegate upon his becoming a member.

The judicial council made a report exonerating Dr. W. T. Myers of all charges made against him.

Section One.—Dr. L. D. Bulkley read an article on "A New Antipruritic Remedy," which was referred to the Committee on Publication. The principal facts in Dr. Bulkley's paper are as follows:

Eighteen months ago he presented to the profession the *liquor picis alkalinus*, which had proved itself valuable in certain cutaneous affections in relieving itching in many instances, and whose value in this and other directions is daily becoming more evident. The failure of this as an antipruritic in some cases, as might be expected, led him to the adoption of the compound presented, which had thus far rendered inestimable service, but which had not to his knowledge been heretofore known. A remedy formed of hydrate of chloral and gum camphor, equal parts, rubbed well together, was found to be convertible into a transparent, colorless fluid, of the consistency of glycerin. It at once occurred to Dr. B. that it would be of value in cases presenting the above symptoms, and he had long employed the chloral internally with good results. He had some ointment prepared of pulverized gum camphor, hydrate of chloral, and rose ointment, which produced excellent effects when rubbed on the healthy skin. The compound was also soluble in almond oil, alcohol, and ether. Two cases were cited in which the remedy had been employed with satisfactory results.

Without any extended discussion, the paper was referred to the Committee on Publication.

After this there was a sort of running debate upon the President's address, and it was finally agreed that, in accordance with its suggestions, two committees should be appointed by the chair,—one on Meteorological Observations, Dr. Toner, of Washington, to be chairman, and the other on the Observation of Disease, Dr. N. S. Davis to be chairman.

Dr. Garrish, of New York, then read a long paper upon hydrophobia, containing an interesting history of the disorder, but nothing at all novel, unless it be the suggestion that bronchotomy should be resorted to in the treatment of the disorder.

Dr. E. Seguin, a New York delegate, made an exposition of his method of mathematical thermometry, and an exhibition of his thermometers. The instruments differ from the old ones in two points: first, zero is at the point of human health (old 38 deg. 40 min., F.), instead of at the point of melting snow of the weather thermometer; second, a special instrument is devised to measure the heat of limited surfaces, like the forehead of a student, the seat of formation of a tumor, etc.

These instruments serve to create the new method of observation advocated by Dr. E. Seguin. Instead of tracing the march of disease by curves difficult to make, and still more difficult to read correctly, he uses only figures, and sums up all the phenomena—heat, pulse, and inspiration—by figures which, tabulated by days and weeks, permit a mother to be more positive in her appreciation of the condition of her sick child than many physicians can realize by simple guessing.

The thanks of the Section were voted, and the paper was ordered to be printed.

Section Three.—Dr. Beard made an extended address upon the use of electricity, in which he arrived at the following conclusions:

1. That certain benign tumors, as goitres, cystic tumors, and nævi, can be made to diminish or to disappear under electrolysis.

2. That fatty tumors and many enlarged glands usually do not much diminish under electrolysis, and sometimes will not diminish at all.

3. That malignant tumors will not usually diminish, and rarely, if ever, disappear, under electrolysis; but the pain connected with them can be treated most successfully, not only by electrolysis, but also by simple external electrization.

4. That malignant tumors, when sufficiently accessible and not too far advanced, may be treated by the method of *electrolizing the base, or working up the base*, as Dr. B. terms it, and this method promises more permanent results than have been obtained by the usual treatment.

5. That certain diseases of the skin—herpes, eczema, and prurigo—may be treated by different methods of using electricity with the highest success.

6. That diseases of the skin may be treated by local and *central* methods of using electricity; but some of the most brilliant results in the treatment of chronic eczema have been obtained by galvanizing the nerve-centres, in the method of *central galvanization*, without making any application whatever to the diseased parts. The results of this method of treatment seem to show pretty conclusively that chronic eczema is to a considerable extent dependent on the central nervous system.

The question of fractures was again brought up.

Dr. J. W. Hughes, of Pennsylvania, stated that the action of the Section in reference to the rejection of Dr. Quimby's motion in reference to Dr. Sayre's paper upon fractures looked better for Dr. Sayre than it did for the gentlemen present, a large majority of whom were undoubtedly opposed to the theories advanced and sustained by the statistics furnished. He therefore, for the purpose of placing the Section right before the profession, offered the following:

"*Whereas*, The members of the Surgical Section of the American Medical Association have listened with interest to the report of Prof. Sayre, of New York, on the subject of fractures, and whereas, statistics accompanying said report evince in the institution represented unusual results; therefore,

"*Resolved*, That the Section, after free discussion of the report, and its reference to the Publishing Com-

mittee, would express their opinion, based upon experience, that the results, in relation to shortening following fractures, are better than can be looked for in general practice."

A somewhat excited discussion of scarcely more than mere personal interest followed, and was brought to a conclusion by the adoption of the resolution.

Dr. William P. Pierce, of Lamont, Illinois, offered the following, which was adopted:

"*Resolved*, That this Section hereby requests of Prof. Sayre that as far as possible he should cause a second measurement to be made of all these cases, and report the result of such measurement at the next session of this Association."

In the afternoon session Dr. D. O. Farrand, of Detroit, introduced two cases of oblique fracture of the femur in boys, which he claimed to have cured, one with only a very slight shortening, the other with absolutely none, and asked those interested to examine the boys. The larger of the two was ten years old; his fracture had taken place six years previously, and he it was whose cure was said to be perfect. He was taken into the jury-room, undressed, and, on motion of Dr. Sayre, was measured by a committee of all who did not believe in the completeness of the cure. Nearly every one present examined him, and a number of measurements were taken, some finding the leg which had been broken to be the shorter, while others claimed the contrary. Among those who stated that absence of shortening was totally impossible was Dr. J. T. Hodgin, of St. Louis, who was apparently much chagrined when he reported that the left leg was the *shorter*, when it turned out that the right was the one which had been broken. He, however, claimed a triumph, as he said the result only showed the accuracy of his position "that a correct measurement was an impossibility."

Dr. Sayre was evidently delighted at this evidence in favor of his theory of the possibility of perfect cures, and not only that, but that it also went to sustain him in his statement that the younger members of the profession were the most successful men.

Section Four.—Papers were read by Dr. E. Lloyd Howard, of Baltimore, on Emotional Insanity, and by Dr. A. N. Falley, on the Relations of Psychology to Medicine, and were referred to the Publication Committee.

Section Five.—Various matters were discussed, the most important being as follows:

A resolution offered by Dr. H. B. Baker, of Lansing, Michigan, was adopted. Under it Drs. Baker, H. A. Johnson, of Chicago, and Toner, of Washington, were appointed a committee to draft a bill for the establishment of a National Council of Health at Washington, and otherwise to forward the proposed measure.

Dr. Horner offered his annual resolutions in regard to alcohol, and, after a long discussion, had the satisfaction of having them passed, sixteen members being present.

FOURTH DAY.

The Association was called to order at the usual hour.

On motion, Dr. E. W. Jenks was added to the delegates authorized to represent the Association before similar foreign organizations.

On motion, the following were appointed a committee to digest a plan for an International Medical Association: Drs. J. M. Toner, of the District of Columbia; N. S. Davis, of Chicago; Alfred Stillé, of Pennsylvania; Austin Flint, Sr., of New York, and J. S. Billings, United States Army.

THE NOMINATIONS.

Dr. H. T. Byford, of Colorado, submitted the report of the Committee on Nominations, which, after various corrections, was adopted, as follows:

The Committee on Nominations respectfully report that they suggest the following gentlemen for the various officers named:

President, Dr. W. K. Bowling, Tennessee.

Vice-Presidents:

1. Dr. William Brodie, of Michigan.
2. Dr. J. J. Woodward, of United States Army.
3. Dr. H. W. Brown, of Texas.
4. Dr. H. D. Didama, of New York.

Treasurer, Dr. Caspar Wister, of Pennsylvania.

Librarian, Dr. William Lee, of District of Columbia.

Committee on Library, Dr. Johnson Elliott, of District of Columbia.

Assistant Secretary, Dr. Will. Walling, of Kentucky.

Committee of Arrangements: Drs. Edward Richardson, Chairman; Lawrence Smith, Robert Gale, James Holland, Henry Bullitt, J. M. Keller, D. W. Yandell, Lewis Rogers, R. C. Hewett, all of Louisville.

Committee on Prize Essays, Drs. J. A. Octerloney, L. P. Yandell, J. D. Jackson, all of Kentucky; Theophilus Parvin, T. M. Stevens, both of Indiana.

Committee of Publication, Drs. F. G. Smith, Wm. B. Atkinson, D. Murray Cheston, Caspar Wister, Alfred Stillé, all of Pennsylvania; William Lee, of District of Columbia; H. F. Askew, of Delaware.

Next place of meeting, Louisville, Kentucky.

Time of meeting, first Tuesday in May, 1875.

The committee also report the following nominations for

Chairmen and Secretaries of Sections for 1875:

1. Practice of Medicine, Materia Medica, and Physiology, Dr. Austin Flint, of New York, Chairman, and Dr. J. K. Bartlett, of Wisconsin, Secretary.

2. Obstetrics and Diseases of Women and Children, Dr. W. H. Byford, of Illinois, Chairman, and Dr. S. C. Bussey, of District of Columbia, Secretary.

3. Surgery and Anatomy, Dr. E. M. Moore, of Rochester, New York, Chairman, and Dr. Thomas S. Lattimer, of Maryland, Secretary.

4. Medical Jurisprudence, Chemistry, and Psychology, Dr. Jerome Cochran, of Alabama, Chairman, and Dr. G. A. Moses, of Missouri, Secretary.

5. State Medicine and Public Hygiene, Dr. H. I. Bowditch, of Massachusetts, Chairman, and Dr. H. B. Baker, of Michigan, Secretary.

Judicial Council, Drs. J. K. Bartlett, Wisconsin; R. H. Gale, Kentucky; J. B. Johnson, Missouri; J. R. Bronson, Massachusetts; B. H. Catlin, Connecticut; Franklin Staples, Minnesota; W. T. Briggs, Tennessee, in place of the seven whose terms expire at this meeting. Dr. A. N. Talley, of South Carolina, for two years, to fill vacancy. The rest of the present council continued.

The reports of the Publication Committee and of the Treasurer were read, and, excepting those portions which referred to the resignations of the Chairman of the Committee and of the Treasurer, were accepted. By special motion, the Association declined to accept the resignations alluded to.

The death of Dr. George Mendenhall, ex-President of the Association, was announced, and a committee was appointed to draft suitable resolutions.

After elaborate resolutions of thanks to the medical profession and others of the citizens of Detroit for their careful hospitality had been acted upon, Dr. Keller, of Kentucky, offered the following resolution, which was adopted:

"*Resolved*, That, in furtherance of the views expressed by Dr. Gross in his valuable address touching

a proper legislation to prevent the spread of syphilis, a committee composed of Dr. Gross, Dr. N. S. Davis, Dr. J. M. Toner, Dr. Marion Sims, and Dr. John Morris, be appointed to report at the next meeting the most feasible plan for securing such legislation."

In the remaining hours of the session various business, not of general interest, was transacted.

A paper by Dr. Paul F. Eve, on Surgery in the West, was read, and the following amendment to the Constitution was offered by Dr. H. B. Baker, of Michigan, which, under the rules, was laid over until the next session of the Association:

"The officers of the several Sections shall be nominated by the Sections in and for which said officers are to serve."

It was decided that the next meeting should be held at Louisville, Kentucky.

TRANSLATIONS.

PARENCHYMATOUS INJECTION OF CARBOLIC ACID AS AN ANTIPHLOGISTIC (C. Hüter, of Greifswald: *Centralblatt*).—Although the antiphlogistic use of carbolic acid externally as a surgical dressing is sufficiently well known, and likewise its use hypodermically in treating intermittent, Hüter claims to be the first to bring into notice the favorable results attained in his clinic by its use as an antiphlogistic, by means of parenchymatous injections. The solution which was used in this treatment was of the strength of 2 per cent. by weight; and the injections were made with an ordinary hypodermic syringe, which held about 0.9 grammes of the solution, or rather less than 0.02 grammes of carbolic acid. More than two injections of this amount were never administered in immediate succession, and they were never followed by any symptom of carbolic acid intoxication, nor even by any darkening of the urine. If more than two injections were made, an interval of a day or two was allowed to intervene, lest evil consequences should result from any cumulative effects of the drug. The operation was in no case followed by pain or swelling; indeed, the absence of pain was so complete that even small and sensitive children gave no evidences of suffering. The antiphlogistic effect of the injections was well marked in almost every case, and the following are adduced in illustration:

1. Synovitis hyperplast granulosa (tumor albus) of the knee-joint. The injections were made into the central part of the joint, the needle even touching the surface of the articulating cartilages. Diminution of pain followed, and also a noticeable falling in the evening temperature, which had previously been persistently high; and a reduction of the swelling was also noticed. As the disease was of a chronic character, frequent repetition of the injections at intervals of two or three days was needed.

2. Subacute glandular swellings with a tendency to suppuration; buboes of the inguinal and femoral regions. Here there was a diminution of the pain and also of the redness of the skin and the œdema; the gland became rounder, and gradually diminished in size. Numerous injections, however, were needed before entire recovery.

3. Acute phlegmonous inflammation of the subcutaneous and subfascial connective tissue. The most central spot of the inflammation should be chosen for the introduction of the nozzle of the syringe, and if the phlegmon is of large size two injections at different situations should be made.

The operation in this case was followed by diminution of the fever and pain, and in a few hours by contraction of the tissues involved. Recovery without suppuration occurred when this process had not already begun at the time the injection was made.

4. Traumatic erysipelas. In this disease, injections were made at the edges of the inflamed area, with the view of preventing the spread of the process upon the sound skin.

The desired object was attained, but in no case was the attempt made to cut short an attack by making injections around the entire circumference of the diseased area.

Hüter lays great weight upon the parenchymatous nature of the injections, and insists that to obtain its full antiphlogistic effect the carbolic acid must be introduced into the articular cavities of the larger joints, into the perivascular connective tissues, and into the interior of the lymphatic glands; and that when so administered it will produce the most satisfactory results.

He hopes, too, that this mode of treatment may prove to be of value not only in surgical practice, but likewise in disease of the internal organs of the body. He thinks that there are no weighty objections against injections of this nature into the lungs, spleen, liver, and kidneys; but before proceeding to these, careful experiments upon the inferior animals must be made. Care must always be taken to avoid the introduction of the carbolic acid into a vein, so that its poisonous effects shall not be caused.

In the treatment of benign tumors he has not as yet succeeded in attaining complete recovery, and he thinks it probable that carbolic acid would be advantageous also in the treatment of malignant growths, since it possesses anæsthetic qualities and is not irritating in its effects. W. A.

ANGEIOLEUCITIS OF THE LUNG.—A memoir on this affection was read before the *Soc. Méd. des Hôpitaux* recently by Dr. M. Renaud. Dr. R. in this memoir gives an account of several cases of the disease occurring under his observation and that of others, and concludes as follows:

1. There exists a lesion of the lungs heretofore undescribed in our classical treatises, and which is characterized by varicose turgescence of all the lymphatic vessels, superficial and profound.

2. This lesion merits the name angeioleucitis. While it has a certain relation to cancer, particularly to cancer of the stomach, yet one cannot deny the facts when generalized angeioleucitis of the lungs is said to have been developed without any cancerous affection. Probably angeioleucitis of the lung may be simple or specific in its character, both varieties presenting great similarity from an anatomico-pathological point of view.

3. Angeioleucitis may become a grave complication, and may determine death by the lungs of patients attacked by primitive lesions of other organs.

A. V. H.

COLD IN TYPHUS (*The Practitioner*, April, 1874).—In a paper written in 1801 by Dr. Allvey, and found by Dr. Wilson Fox in an old manuscript volume of the "Report of the Proceedings of a Medical Society in the Country," the author advocates the judicious use of cold baths or tepid spongings in typhus and its varieties. He says he has employed them with a view of diminishing the unnatural heat of the surface, and thus curtailing the duration and lessening the violence of the febrile paroxysm.

NEW ANTISEPTIC OINTMENT.—Lister is said to be using the following, with great success. Paraffin two parts, white wax one part, oil of sweet almonds two parts, boracic acid (powdered) one part.—*Student's Journal.*

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, JUNE 13, 1874.

EDITORIAL.

THE SCIENCE OF HOMŒOPATHY.

HOMŒOPATHY is a fact; facts are obstinate; facts are stumbling-blocks; facts are stepping-stones over which the human intellect climbs towards infinity. Oppressed often with a sense of impotence; longing for new powers over disease as the patriot longs for new power in his country's life-battle; humble as the man who has been tried and found wanting; honestly have we turned to homœopathy as a fact, to find, if possible, some good existing thing in it,—the truth in the midst of error,—the source of its vitality,—and hitherto we have only learnt this lesson—that disease is usually self-limited; that the power of mind over the body is most wonderful; that hygiene is supreme; that honest men warp their theories unwittingly, and practise as they think in accordance with a theory when they are really acting contrary to it; and, finally, that complete knaves do most abound. We have heard a homœopath defending with the stolidness of ignorance the use of aconite in fever, because (God save the mark!) the aconite causes fever; of opium in diarrhœa, because opium causes diarrhœa; and have marvelled at the perversity of the human intellect.

After all, however, the great fact of homœopathy remains, and, we confess, is in a measure to us a stumbling-block; and our various failures have not deterred us from hoping that we may finally discover some further truth which shall make a stepping-stone out of the stumbling-block. Consequently, when a book by a Western homœopath of prominence, entitled "The Science of Homœopathy," was put in our hands, we seized it with avidity, and started to read it carefully; we find it a farrago of practical sense, unmitigated nonsense, honest aspirations after truth, blind credulity, and a still greater blindness as to the true relations of things.

When a man tells us that constitutional syphilis is caused by an undue suppression of a chancre, we have the gauge of his mental calibre; and this measure is a fair one of the author of the book before us.

There is one thing, however, in the book that is of great interest, as marking an era in the history of homœopathy. As is well known, one of the original doctrines of Hahnemann was long since ignominiously thrown overboard by his followers; and now the second of the trio follows on the same route, and it is earnestly claimed that the only really vital portion of Hahnemannism is the doctrine of *similia similibus curantur*, and that the homœopath may on suitable occasions use large doses.

It seems to us scarcely possible that homœopathy can long survive this new departure. Take the case of aconite: as is well known, it always depresses in any dose, the amount of depression being proportionate to the amount ingested. A person depressed might recover after the ingestion of infinitesimal doses of the remedy, but if it were used in full amounts under the banner of *similia similibus curantur*, even the wayfaring man, though a fool, could not fail to perceive the disastrous results.

FOOD OF THE MASTODON.

DR. J. GIBBONS HUNT, of this city, recently received from Charles Stodder, Esq., of Boston, a mass which is said to have been recently extracted from such a position within the skeleton of a mastodon as to show that it had formerly been in the stomach of the animal. After getting rid of all opacity in the material, it was at once seen that fragments of plants formed the bulk of it. Both cryptogams and flowering plants were present. Stems and leaves of mosses of several species were in large abundance, with cells as distinct as though gathered yesterday. Large numbers of minute, round and black, opaque bodies, which doubtless are spores of the mosses, were quite apparent. A filament of a confervoid plant was also discovered; cells in a single linear series, square, and similar in appearance to some now found living in the water. We have seen one stem of a flowering plant an inch long, the central part decayed and gone, the outer layer of cells as distinct and perfect as when alive.

Many fragments of marsh plants,—not mosses,—but too much broken to justify a guess as to species, and shells of entomostracæ and ciliated organisms, perhaps infusoria, could be clearly detected. There was not one sphagnum leaf in the lot.

If the mass was really ever in the stomach of a mastodon, the animal died soon after dinner, because the plants were not much digested.

That the mastodons which once roamed the forests we now call our own were vegetable feeders their dentition plainly shows, and the examination indicates also that they were omnivorous in taste, not being confined to the soft cryptogams of the bogs, but eating the branches of shrubs, and, perhaps, young trees as well; for bark and well-marked spiral vessels were present. No fragment of coniferous plant could be detected, and it is probable that mastodons did not eat that class of plants.

REVIEWS AND BOOK NOTICES.

LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD. By CHARLES WEST, M.D. Fifth American, from the Sixth English Edition. Philadelphia, H. C. Lea, 1874.

The verdict of more than a quarter of a century renders unnecessary, on our part, any words concerning the merits of the book before us. Our only proper task is to announce the birth of a new edition. The storehouse out of which its materials were taken has been enriched by seven years of clinical observation since the last English edition,—years apparently full of fatness, for we read that they have furnished the records of seven hundred and forty-three cases of sufficient interest to be worthy of noting. The present book rests, then, upon the experience gleaned from two thousand cases and nearly six hundred post-mortem examinations. Dr. West's work has always seemed to us preeminently the offspring of a bedside rather than a library physician, and to possess all the peculiar merits and some of the demerits of a book of such character. In the present edition we find nothing to alter this conviction. H. C. W., JR.

THE TREATMENT OF SYPHILITIC DISEASES BY THE MERCURIAL VAPOR-BATH. Compiled from the Fifth London Edition, by Dr. JOHN W. FOYE. A. Williams & Co., 135 Washington Street, Boston, Massachusetts, 1874.

We once heard an observant physician state that he could tell the syphilographers of a city by their equipages being so much more showy than those of their brethren. The author or editor of the present work evidently carries his taste into literature, for the little brochure is about the handsomest medical book we have met with. Beautifully printed upon extra heavy tinted paper, encased in the finest of Turkey morocco and marbled paper, it looks like the latest volume of poetry, prepared for my lady's boudoir; yet the text is redolent of the charnel-house of vice.

The book belongs to the great natural order of Compositæ. First, after the Preface, there is an essay by Dr. Foye, upon the method of exhibiting the mercurial vapor-bath; then the brochure of Dr. Langston Parker, late of Birmingham, England, "The Mercurial Vapor-Bath;" next, "The Calomel Vapor-Bath," by Henry Lee, of London; and finally, Mr. Parker closes the rear file by "Notes and Cases illustrative of the Effects of the Mercurial Vapor-Bath upon various forms of Constitutional Syphilis."

It is said that a new style of architecture threatens to arise from the ignorance, independence, and practical sense of American builders. As all these several essays are separately paged in the present brochure, we have a new type of book-architecture; let us hope, however, that it will never become national. Of course, like most books published in favor of any particular mode of practice, the present composite claims that in mercurial fumigations is the *summum bonum* of infected humanity; or, as Dr. Foye puts it, "So unerring is its success that I claim it to be the most perfect system for the cure of syphilitic disease known to medicine."

After examining the evidence, we are unable to agree with this verdict, but do believe that the bath often does great good, and that every one who treats many cases of the disease ought to be well acquainted with the method of its employment. To those desiring such knowledge, we commend this little brochure.

H. C. W., JR.

THE PSYCHOLOGY OF SCEPTICISM AND PHENOMENALISM. By JAMES ANDREWS. James Maclehore, Glasgow, 1874.

Two data support the theorems of this little book, the first being that "Phenomenon is that which appears to be, but is not, what it appears;" the second, "that scepticism is the legitimate fruit of philosophy."

A book which expresses thinking we always welcome to our table with much relish; albeit we do not find ourselves at all times repaid for the greeting we give. He has read but little of the metaphysicians who discovers not that the fallacies which render their obscurities a by-word and jest come not from their being what metaphysicians should be, but, on the contrary, from their being just what they should not be. "Metaphysics," said Aristotle, "is that which comes after physics;" but the metaphysicians of the present day, in spite of the great master, will insist, most of them, on being a-priorists. Hence it is impossible that they should be aught else than sophists, save as the result of some happy accidental stumble upon truth. Mr. Andrews, while he does not himself at all seem to recognize it, is a Berkeleyan, and not what the metaphysician should be, an a-posteriorist; for while it is true that he discusses color, and space, and form, yet it is with the speculative fancy of a Lucretius, rather than with the demonstrative capability of a modern physicist.

Far from being true is it that philosophy has, as its legitimate fruit, scepticism. Scepticism is grown of a pseudo-philosophy. Wisely and well has the quaint Franciscan friar put it, "A little philosophy inclineth men's minds to atheism, but depth in philosophy bringeth men's minds about to religion, for, while the mind of man looketh on causes scattered, it may sometimes rest in them and go no farther; yet when it beholdeth the chain of them confederate and linked together, it must needs fly to Providence and Deity."

While, with Plotinus, not unmindful that it is not well of any man that he maintain over-earnestly that anything is known, yet it may scarcely be denied that, to the uses of the senses, things are what to the senses they seem to be,—a proposition in part Berkeleyan, but in much greater degree Cartesian. That matter and force exist as entities, says, wisely, the learned Prof. McCosh, is an intuitive recognition of every human mind. Three entities are there, teaches the philosophy of Descartes: Soul, Force, Matter,—at least this it teaches, if not exactly in these words. The physicist is necessarily a Cartesian, for if he start not out with such pre-

mises he finds himself quickly enough brought to it. Accepting the data of the Frenchman, or even that of Spinoza, all things grow plain to the understanding as it exists and recognizes; while confusions of all and every kind disappear as mists before a morning sun. To be a Cartesian is to be wise in the wisdom of one generation,—is to be without doubt or mystification,—is to be happily simple with the faithful, immobile with the Socratist.

Phenomena, asserts our author, cannot be what they appear, inasmuch as waking or sleeping we may seem to see the same things; hence, if these be true in the one instance, they may not possibly be so in the other. There the fallacy lies, in a non-recognition of the distinction between soul and mind.

We cannot endorse the convictions and conclusions of Mr. Andrews. Yet we have to thank him for a meditative hour, begotten of his little book, which, coming on the heels of a professional vexation, causes us to think most kindly of his effort. J. E. G.

GLEANINGS FROM OUR EXCHANGES.

Reduction of Hernia (*The Lancet*, April 25, 1874).—Dr. Edward Warren, chief staff surgeon to the Egyptian army, details a case of strangulated hernia relieved by taxis, and asserts that—1. A very large majority of hernial tumors, especially of the inguinal variety, can be reduced by manipulation, and do not demand the operation of herniotomy. 2. Manipulation should be practised deliberately and thoroughly, giving time enough to the work to determine the question of its feasibility, and, while fearlessly resorting, if necessary, to more than *gentle* pressure, cautiously avoiding the opposite extreme of *roughness* and *violence*. 3. As a general rule, the knife should be the last resource of the surgeon.

In regard to position he says, "When reduction is attempted without chloroform, the patient should be made to *stand*, with his head and shoulders bent downwards and forwards, and the spinal column inclined towards that groin in which the tumor exists; at the same time the weight of the body should be thrown upon the foot of the unaffected side, and the other foot placed somewhat in advance of its fellow. Should the effort prove fruitless, the patient may then be placed either upon his back, in the usual position, with a pillow under the buttock of the side corresponding with the hernia, and the head and shoulders inclined as before; or in a semi-prone position upon his hands and knees, with head depressed and pelvis elevated, as in certain operations upon the rectum and uterus."

Of auxiliary measures, chloroform is the most important; warm baths are of little use, and tobacco enemata are worse than useless. A good plan is to unload the lower bowel with an enema, inject morphia under the skin near the constriction, and then unexpectedly apply a cold douche to the abdomen, pushing in the gut at the same time.

Transfusion of Blood.—In the first number of the new German surgical journal, the *Centralblatt für Chirurgie*, we find that Dr. Tabouré, of St. Petersburg, has made twenty-eight different experiments on dogs. In the first eleven cases blood of various kinds of animals was transfused, in all cases defibrinated. The blood of dogs was transfused in two cats, and in seven dogs the blood of calves was transfused; cat's blood was thrown into one dog, and dog's blood into a sheep. In two cases, in dogs, death took place from twenty to twenty-two hours after transfusion of calf's blood, and the author in one case attributed the death to paralysis of the heart, whilst in the second there was œdema of the brain and lungs. In all the rest of the cases the transfusion of defibrinated blood by different species of animals was not only well borne, but it gave the animals strength, like the blood of their own species. The author found the foreign blood to be assimilated in from twenty-four to sixty hours.

In eight cases, again, the leg of a dog was amputated, and great anæmia was caused. In the space of from ten to thirty minutes after the amputation defibrinized blood from calves or sheep was injected. In all cases death was the result from hemorrhage from the stump. Of two dogs which had blood transfused into them twenty-four hours after amputation, the first outlived the operation, whilst the second died on the eleventh day of acute purulent œdema and of septicæmia. In one case transfusion of defibrinated calf's blood was made two and a half days before the operation, and it got well in twelve days.—*The Doctor.*

The Theory of Counter-Irritation (*The Practitioner*, March, 1874).—Dr. James Ross defines counter-irritation as the application of an irritant to one part of the body in order to influence morbid action in its vicinity. He believes that a counter-irritant always tends to stimulate the neighboring textures to increased activity, and that this stimulating action spreads along the parenchyma, not merely when the tissues are continuous but also when they are simply in contact. The question arises, Does the area of tissue stimulated to increased nutritive activity extend far enough, and in a sufficiently short time, to account for the action of counter-irritation? We can easily conceive that it does when we remember that Dr. Beale has found that if one has only a slight catarrh the bioplasm over the entire body is increased, and also recall the fact that a condition of unstable equilibrium exists between a diseased organ and the rest of the body, the former being much more readily influenced than usual. Dr. Ross says that this theory gives complete unity to our conception of the mode of action of counter-irritants.

Impotence cured by Local Faradization (*New York Medical Journal*, April, 1874).—A gentleman forty-six years of age, who was living with his second wife, had suffered for twelve months from impotence, which, though not absolute, was very annoying and alarming, and had produced a depressing effect on him. Both desire and power were deficient, but not destroyed. The emission occurred too soon. Treatment was commenced by local faradization, by various external applications, and in six weeks he was completely and permanently cured.

Relations of Colorado to Pulmonary Consumption.—Dr. Thomas E. Massey, of Denver, says that, while there are hundreds of living facts demonstrative of the curability of phthisis in Colorado, there are none to prove that those cures have been effected by any thermometric influences. He believes that the adjuvants of cure in Colorado are distinctly those of nutriment; the outdoor inspiration of pure mountain sunlit air depurating the vital current and stimulating the organs of primary digestion to receive and dispose of the nutritious animal food of the mountain-ranges.

Quinine in Hay-Fever (*The Practitioner*, April, 1874).—Professor Binz publishes a letter received by him from a gentleman who had suffered for twenty-one years from hay-fever, which invariably attacked him in the spring. He began to use weak injections of quinine, with the view of profiting by its poisonous action on any infusoria which might be present, but he obtained immediate and almost complete relief. He employed a neutral solution (1-800) of sulphate of quinia.

CHLORAL AS AN ANÆSTHETIC DURING LABOR (*The Lancet*, February 21, 1874).—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lessening the strength or intensity of the pains, while at the same time markedly diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a later stage.

He gives the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and thus usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.

OZONE (*American Journal of Pharmacy*, April, 1874).—Mr. Sigismund Beer suggests that the exposure to atmospheric action of common phosphorus matches moistened by water will produce nitrite of ammonium and ozone, both active purifiers of air. He claims that in the use of matches in this way we have a handy, wholesome, and inexpensive means of disinfecting and purifying the air.

MISCELLANY.

HOW TO MAKE COFFEE.—The virtue of coffee consists in its volatile aroma and its fixed extractive matter. The happy combination of these with hot water is the problem for the coffee-maker. This happy combination, in my opinion, when realized in perfection, implies that all the aroma and all the extractive matter of the ground coffee be got into the hot water, and retained there. It seems to me that no argument is required to show that any aroma which escapes into the air, or any extractive matter left in the grounds, is so much virtue wasted. Now, to get at the same time the whole of these constituents of coffee has seemed very difficult. If boiling water be filtered through ground coffee—this is the French plan—the aroma is promptly extracted, and very little else, for the fixed matter needs more coaxing. If the grounds be boiled a long time in water—the Turkish and more common American plan—the aroma escapes with the steam. The French waste the extractive matter; the Turkish the aroma. I take rather more than the usual amount of coffee, and pour on it hot water when it is ready to be used; in other words, I make French coffee. The grounds from this operation I leave to soak in the pot till the next day, when I begin coffee-making by pouring hot water on these grounds, which hot water I use according to the French plan in making coffee from fresh-ground coffee. The process is now in full operation, and every time coffee is wanted the manipulations of the second morning are repeated. I thus extract all the soluble and useful matter of roasted coffee, and waste nothing. To put the art in the most practical form, I have found it necessary to modify the coffee-pot. Perhaps the simplest apparatus is the most ordinary pot provided with two strainers. The strainers are of cup form, and fit into each other and into the top of the pot. For use I set a strainer on the top of the pot, and into the strainer I place fresh-ground coffee; over this I use the second strainer, containing the grounds of the last operation. Now hot water is poured into the upper strainer, and percolates down into the pot, carrying with it all the goodness remaining in the grounds, and the aroma and much of the extractive of the fresh-ground coffee. When the water has passed down, I throw away the now useless contents of the upper strainer, and upset the contents of the lower strainer into the pot.—*Professor Charles A. Seely, Journal of Applied Sciences.*

CASE OF MUSHROOM-POISONING.—Mr. Sadler, who was to have lectured to the North British branch of the Pharmaceutical Society in Edinburgh, was prevented from doing so by the following rather singular circumstance. While preparing for the Society his lecture on edible and poisonous fungi, he accidentally swallowed a quantity of the spores of a large species of puff-ball (*Lycoperdon giganteum*), and within the space of an hour and a half he was seized with severe illness, accompanied with violent pains. The violent symptoms could not be subdued until nine days after the first attack, by which time the patient was much weakened. Sir Robert Christison, Dr. Balfour, and Dr. William Craig, who have attended Mr. Sadler, are of opinion that the continued irritation was kept up by the fungus-spores. Mr. Sadler, though now in a fair way of recovery, is still confined to bed. The giant puff-ball is edible in its young state, but its matured spores ought certainly to be avoided.—*British Medical Association.*

USES OF THE YUCCA.—The root-stock of all the Yuccas is, under the name of "Amole," an important article in a Mexican household, being everywhere used as a substitute for soap, as it is replete with mucilaginous and saponaceous matter, probably a substance analogous to the saponine of the *Saponaria* root. It is curious to learn that the negroes of the coast of Carolina repeatedly destroyed Dr. Mellichamp's carefully-preserved clumps of yuccas, in order to obtain the saponaceous root-stock. How may the knowledge of its quality have reached them? Perhaps from the West Indies.—*Journal of Applied Science.*

POWDERED MEAT.—Powdered meat is prepared by Dannecy, *pharmacien en chef* of the hospitals of Bordeaux, by finely chopping the fresh meat, spreading it upon muslin, and drying it rapidly in a current of air. A friable mass is formed, which readily yields a brown, nearly odorless powder, possessing a feeble saline taste, and of which one part represents five parts of fresh meat. It is used and readily taken by patients by adding a teaspoonful to a cup of beef-tea or soup, or by spreading upon bread. For children it is mixed in certain proportions with the ingredients for biscuits.—*American Practitioner.*

OPIUM-ANTIDOTES.—In the *Peninsular Journal of Medicine* for April, Dr. A. B. Prescott shows that the "opium-antidotes" of Dr. Squire and of Dr. Collins are simply preparations of morphia.

CASTOR OIL VERSUS LEATHER.—A correspondent of the *Germantown Telegraph* states that after an extensive trial he has found castor oil much superior to all other fats and compounds as a preservative of leather, and the editor of the *Druggist's Circular* endorses the proposition.

RECENTLY, in Fall River, a jury awarded a lady, who had been almost fatally poisoned, $15,000 damages; the defendants being a wholesale house which had sold a wrongly-labelled drug to the retailer of whom she had purchased. An appeal was taken to a higher court.

IT is announced that Prof. Cohnheim is so much better that he will resume his duties at Breslau; also that Von Recklinghausen has finally accepted the position recently held by Prof. Rokitansky.

ALIZARIN is suggested as a substitute for litmus, and it is said to be about ten times as delicate in its reactions.

DR. W. P. ARMSTRONG advises rhus tox. (homœopathic) for "itching of the bones."

NOTES AND QUERIES.

INAUGURATION OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

The inauguration of the Hospital of the University of Pennsylvania took place on the 4th instant, with appropriate ceremonies.

A large number of the friends of the University, including various clerical, judicial, and lay celebrities, were present, as well as many ladies. An opening address was made by his excellency, the Governor of the Commonwealth, in the lower hall of the building, and two tablets fixed upon the walls of this hall not far from the main entrance were unveiled. The first of these contains the following inscription: "This hospital was erected through the liberality of the State of Pennsylvania, City of Philadelphia, and many citizens."

On the other is inscribed, "Inaugurated June 4, 1874, by his excellency John Hartranft, Governor of Pennsylvania."

After a prayer, the assembly adjourned to the larger lecture-room, where an admirable address was delivered by the Hon. William A. Wallace, of the State Senate, a firm friend of the institution, and to whose efforts were largely due the appropriation granted by the legislature. The address comprised a succinct history of the inception and carrying-out of the enterprise, and was listened to with great interest. At its close the company dispersed through the building for the purpose of inspecting it, while an orchestra supplied entertainment in the shape of a number of agreeable selections. The whole afternoon passed very pleasantly, and with these simple ceremonies was inaugurated an institution which will doubtless exercise a marked influence on the future of the University to which it is attached, and also on the progress of medical science in this country.

Various accounts of the architectural characteristics of the building have appeared from time to time in the daily papers, but there are some points of interest to medical men which may be mentioned.

The plan of the hospital includes a central building of administration, with a series of pavilions, six in number, and calculated to accommodate when completed at least seven hundred patients; of these the central building and one pavilion are completed, giving accommodations for one hundred and eighteen patients. The central building contains kitchen, apothecary-shop, steward's apartments and offices, and in addition, rooms for private patients, resident physicians, etc.

Two admirable lecture-rooms are contained in this part of the building: a smaller one on the first floor, which will accommodate two hundred students, and an amphitheatre, having its base in the second story, sixty feet in diameter, and forty-five feet high to the skylight in the centre of the ceiling, which is furnished with a dome. It will seat over five hundred persons. The main building is separated from the pavilion by a fire-proof corridor, preventing all possibility of the communication of fire from one portion of the structure to another. The basement of the pavilion is occupied by a series of apartments, or rather suites of rooms, intended for the accommodation of the out-patient department. Each suite consists of a waiting- and a consulting-room, supplied with the necessary conveniences.

The medical and surgical dispensaries, the eye- and ear-, the skin-departments, etc., are entirely independent of each other.

There is also a general waiting-room connected with the apothecary-shop. On this floor are the rooms in which baths of various kinds will be placed for the treatment of different forms of disease, and also apparatus for the disinfection of clothing. The baths, when completed, will form probably the most complete system yet devised, comprising the various varieties of Turkish, Persian, continual, needle, vapor, douche, mercurial, etc.

The first and second floors contain each a larger and a smaller ward, the former accommodating thirty-two patients, the latter ten each. The third story will contain a ward for twenty-four beds. Connected with each of these wards is a series of admirably arranged bath-rooms, water-closets, sitting-rooms, convenient rooms for nurses, kitchens, and dining-rooms. As regards the arrangement for ventilation in the wards, it is perhaps not too much to say that it has never been surpassed in any similar institution. Twenty-four large windows are placed opposite one another, while a series of Barker's ventilators are arranged at the head of each bed, and comprise such a combination of heater and ventilator as to insure a plentiful supply of fresh air at a regulated temperature, while the colder foul air is carried off by a current created in the ventilating flue. Besides these, there are in each ward four large open fireplaces.

The whole building is plentifully provided with such labor-saving apparatus as bells, speaking-tubes, and dumb-waiters. One vertical railway or lift is of such size that a bed may be placed upon it, and patients raised or lowered to the various floors, as desired.

Besides the various baths, general and special, connected with the different wards, there are movable bath-tubs which are capable of being brought in immediate proximity to the patient's bed, and are likely to prove extremely useful in fevers and other cases where the application of water may be indicated.

When the buildings connected with the Hospital are completed, they will include, in addition to the ones already erected, certain others devoted to the study of physiology and pathology; the whole providing for not only the cure, but the study, of disease, with a completeness which it is believed has not heretofore been attained in this country, and which augurs most favorably for the future of our city as a "medical centre."

The cost of the structure has been in the neighborhood of $200,000, which has been given by the State, while the six acres of ground on which it is situated is a gift of the city. For the support of the hospital, some $350,000 has been raised by private subscription; and for the $200,000 which is still necessary to place it on a proper footing in this respect, the Trustees appeal with confidence to the alumni and other friends of the University of Pennsylvania.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

In your issue of May 30, 1874, I noticed an abstract copied from the *London Lancet* which calls for a word of correction. It is headed "Elephantiasis Græcorum," but it is very manifest from the description of the case that quite another disease is meant,—namely, Elephantiasis Arabum. E. Græcorum is a term synonymous with leprosy, while E. Arabum is the name universally employed to describe the affection referred to in the abstract.

Respectfully yours,

ELEPHANTIASIS.

WE have been requested to warn our city readers against a gentlemanly man who insists upon writing notes in the office during physicians' absence, and pockets whatever he may find of value.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JUNE 2 TO JUNE 8, 1874, INCLUSIVE.

BAILY, E. J., SURGEON.—Assigned to duty as Medical Director of this Department. G. O. 7, Department of the Columbia, May 20, 1874.

COOPER, GEORGE S., SURGEON.—Relieved from duty as Medical Director, and to report to Commanding General, Department of California. G. O. 7, c. s., Department of the Columbia.

WILLIAMS, J. W., ASSISTANT-SURGEON.—To report to Lieutenant-Colonel G. A. Custer, 7th Cavalry, for duty with Black Hills Expedition. S. O. 111, Department of Dakota, June 1, 1874.

STEINMETZ, WILLIAM R., ASSISTANT-SURGEON.—Granted leave of absence for three months. S. O. 120, A. G. O., June 1, 1874.